

SEPA Direct Debit Mandate



Unique Mandate Reference

*Unique Mandate Reference (UMR) – to be completed by **Shaun Molloy + Sons***

By signing this mandate form, you authorise (A) **Shaun Molloy + Sons Limited** to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from **Shaun Molloy + Sons Limited**.
 As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank.
 A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

Please complete all the fields marked *

Creditor's name

S	H	A	U	N		M	O	L	L	O	Y	+	S	O	N	S		L	T	D
---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	--	---	---	---

Creditor identifier

I	E	8	0	S	D	D	3	6	1	3	7	2								
---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

Creditor address

K	I	L	R	A	I	N	E													
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

City

G	L	E	N	T	I	E	S													
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

Post Code

F	9	4	E	P	6	3														
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

County

D	O	N	E	G	A	L														
---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Type of payment * Recurrent payment One-off or payment

Debtor Name *

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Debtor Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Post Code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

County

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Debtor account number – IBAN *

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Debtor bank identifier code – BIC

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of signature *

D	D	M	M	Y	Y
---	---	---	---	---	---

Signature(s)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please sign here *

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please return this mandate to the Creditor